

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **9882**

791

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1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3868 Laclede.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community About 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3868 Laclede.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Rose Tulley 402

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10 ^{not at} ~~10~~ ^{to} ~~19th~~
year 1939 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from as called on to do so
from Feb 7, 1938, to Nov 18, 1939;

that I last saw him alive on 11 - 18, 1939
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 88 Years.
(Month) (Day) (Year)

Immediate cause of death Hypostatic Terminal pneumonia unspecified Duration _____

Due to advanced age with a accompanying general debility

Due to _____

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

About 88

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: III

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace U.S.A. U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown.

13. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. W. Hoge (M. D. or other) _____
Address no 303, at 508 N. 4th Date signed _____

16. (a) Informant's own signature John Tulley

(b) Address 406 Van Buren Kirkwood mo

17. (a) Burial (b) Date there Nov. 21, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Calvary Cem.

18. (a) Signature of funeral director Strook Carroll

(b) Address 4600 Natural Bridge

19. (a) NOV 20 1939 (b) _____
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frank H. Stout

Licensed Embalmer No. 2263

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.